

Personnel Action Form - Human Resources Office, Whitehall Township

Date Created:		
Information		
Department:	Employee:	Job Title:
Action		
		Leave of Absence
Leave of Absence: From _____ Until _____		
Type: <input type="checkbox"/> FMLA <input type="checkbox"/> Military <input type="checkbox"/> Workers Comp/Injury <input type="checkbox"/> Personal <input type="checkbox"/> Short Term Disability <input type="checkbox"/> Other		
Supporting Information (Please attach any supporting documentation):		
Separation of Employment (Voluntary)		
<input type="checkbox"/> Job Abandonment (3 Days No Show/No Call) <input type="checkbox"/> Resignation <input type="checkbox"/> Military Last Day Worked:		
Supporting Information:		
<u>Supporting Documentation MUST be attached (IE: Supervisor's documentation, resignation letter, military orders)</u>		
End of Probationary Period		
Probationary period has been completed:		
<input type="checkbox"/> Successfully <input type="checkbox"/> Unsuccessfully, extension needed <input type="checkbox"/> Unsuccessfully, further action required		
Effective Date:	Former Pay Rate:	New Pay Rate:
Supporting Information:		
Status/Assignment/Activity Change (Police Only)		
Previous Rank: <input type="checkbox"/> Patrolman I <input type="checkbox"/> Patrolman II <input type="checkbox"/> Patrolman III <input type="checkbox"/> Patrolman IV <input type="checkbox"/> Patrolman V <input type="checkbox"/> Corporal <input type="checkbox"/> Sergeant <input type="checkbox"/> Lieutenant		
Change to: <input type="checkbox"/> Patrolman I <input type="checkbox"/> Patrolman II <input type="checkbox"/> Patrolman III <input type="checkbox"/> Patrolman IV <input type="checkbox"/> Patrolman V <input type="checkbox"/> Corporal <input type="checkbox"/> Sergeant <input type="checkbox"/> Lieutenant		
Effective Date:	Former Pay Rate:	New Pay Rate:
<input type="checkbox"/> New Assignment or Activity	<input type="checkbox"/> Remove Assignment or Activity	Effective Date:
Supporting Information:		
Position Change (Non-Uniformed Only)		
Previous Position:	New Position:	
Effective Date:	Former Pay Rate:	New Pay Rate:
This change is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary - End Date:		

Bureau Chief Signature: _____ **Date:** ____/____/____

Human Resources Approval: _____ **Date:** ____/____/____

Deputy Mayor Signature: _____ **Date:** ____/____/____